

For More Information on Depression

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E-mail: nimhinfo@nih.gov
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For More Information on HIV/AIDS

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Citations

1. Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005 Jun; 62(6):617–27.
2. Tsao JC, Dobalian A, Moreau C, Dobalian K. Stability of anxiety and depression in a national sample of adults with human immunodeficiency virus. *J Nerv Ment Dis*. 2004 Feb; 192(2):111–8.

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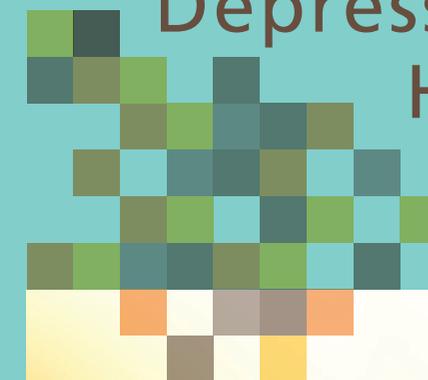
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Depression and HIV/AIDS



Depression not only affects your brain and behavior—it affects your entire body.

Depression has been linked with other health problems, including HIV/AIDS. Dealing with more than one health problem at a time can be difficult, so proper treatment is important.



What is depression?

Major depressive disorder, or depression, is a serious mental illness. Depression interferes with your daily life and routine and reduces your quality of life. About 6.7 percent of U.S. adults ages 18 and older have depression.¹

Signs and Symptoms of Depression

- Ongoing sad, anxious, or empty feelings
- Feeling hopeless
- Feeling guilty, worthless, or helpless
- Feeling irritable or restless
- Loss of interest in activities or hobbies once enjoyable, including sex
- Feeling tired all the time
- Difficulty concentrating, remembering details, or making decisions
- Difficulty falling asleep or staying asleep, a condition called insomnia, or sleeping all the time
- Overeating or loss of appetite
- Thoughts of death and suicide or suicide attempts
- Ongoing aches and pains, headaches, cramps, or digestive problems that do not ease with treatment.

For more information, see the NIMH booklet on Depression at <http://www.nimh.nih.gov/health/publications/depression/index.shtml>.

What is HIV/AIDS?

Human immunodeficiency virus (HIV) is the virus that causes acquired immunodeficiency syndrome (AIDS). The term AIDS applies to the most advanced stages of HIV infections.

HIV kills or damages cells of the body's immune system and, over time, destroys the body's ability to fight infections and certain cancers. HIV is spread most commonly through contact with infected bodily fluids. For example, HIV may be spread through having sex with an infected partner or by sharing needles for injection drug use with someone infected with the virus. Women

with HIV can transmit the virus to their babies during pregnancy, birth, or breastfeeding, but proper treatment greatly reduces this risk.

Many people do not have symptoms when they first become infected with HIV. During this period, the virus is actively multiplying and infecting and killing cells of the immune system, and people are highly infectious. As the immune system is damaged, symptoms begin to appear and may include:

- Swollen glands, or enlarged lymph nodes
- Lack of energy
- Weight loss
- Frequent fevers and sweats
- Persistent or frequent yeast infections
- Persistent skin rashes or flaky skin
- Pelvic inflammatory disease in women that does not get better with treatment
- Short-term memory loss.

Once HIV advances to AIDS, many people have symptoms so severe they can no longer work or do daily tasks at home. Other people with AIDS may experience periods of life-threatening illness followed by periods in which they can function normally.

How are depression and HIV/AIDS linked?

Studies show that people who are infected with HIV are more likely than the general population to develop depression. Depression affects a person's ability to follow treatment for HIV/AIDS, as well as quality of life and lifespan.²

Depression may seem like an unavoidable reaction to being diagnosed with HIV/AIDS. But depression is a separate illness that can and should be treated, even when a person is undergoing treatment for HIV/AIDS.

How is depression treated in people who have HIV/AIDS?

Depression is diagnosed and treated by a health care provider. Treating depression can help you manage your HIV/AIDS and

improve your overall health. Recovery from depression takes time but treatments are effective.

At present, the most common treatments for depression include:

- Cognitive behavioral therapy (CBT), a type of psychotherapy, or talk therapy, that helps people change negative thinking styles and behaviors that may contribute to their depression
- Selective serotonin reuptake inhibitor (SSRI), a type of antidepressant medication that includes citalopram (Celexa), sertraline (Zoloft), and fluoxetine (Prozac)
- Serotonin and norepinephrine reuptake inhibitor (SNRI), a type of antidepressant medication similar to SSRI that includes venlafaxine (Effexor) and duloxetine (Cymbalta).

While currently available depression treatments are generally well tolerated and safe, to avoid dangerous drug interactions, people with HIV/AIDS and depression should talk with their health care provider about side effects, possible drug interactions, and other treatment options. For the latest information on medications, visit the U.S. Food and Drug Administration website at <http://www.fda.gov>. Not everyone responds to treatment the same way. Medications can take several weeks to work, may need to be combined with ongoing talk therapy, or may need to be changed or adjusted to minimize side effects and achieve the best results.

Although HIV/AIDS cannot be cured at this time, medications and lifestyle changes can help keep people healthy. HIV/AIDS treatment relies on a person's ability and willingness to take medications exactly as directed and to make difficult changes in habits.

More information about depression treatments can be found on the NIMH website at <http://www.nimh.nih.gov/health/publications/depression/how-is-depression-detected-and-treated.shtml>. If you think you are depressed or know someone who is, don't lose hope. Seek help for depression.

